

Publications/Papers of Special Significance (Use Additional Sheet if Necessary)

- 13 (a) Publications (No. and List):
- 13 (b) Papers/Abstracts (No. and List):
- 13 (c) Books/Printed (No. and List):

14. Awards/Honours Conferred/Membership of Professional Organization/Associations

- 14 (a) Award/Honours conferred:
- 14 (b) Membership of professional organization (No. and List):
- 14 (c) Membership Status:

15. Present Employment Status:

16. Employment Record/CV Years of Experience _____
(Please state experience starting from the most recent post. Use additional sheets if necessary)

Designation/Title of job	Date		Name of Organization	Brief Job Description
	From	To		

17. Field of Specialization, if any:

18. Willingness for Employment Abroad: Yes/No
Eligible Priority of Country: _____

19. Self Assessment of Experience [please analyze how your experience could be effectively utilize (use additional sheet if necessary)]

Date of filling this form: _____

Signature of HQP: _____

For official use only

List Attached Any (13 a, b, c & 14 b)

Fields Validated

Approved for Data Entry

Checked By/Date: _____

Signature of NTP Official: _____



Government of Pakistan
Ministry of Federal Education and Professional Training
National Talent Pool



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TECHNICAL REQUIREMENTS FORM

(To be filled by organizations in Pakistan requesting assignments of Pakistan Specialist from abroad)

1. Name and Address of Consultant:	2. Name and complete Address of Requisitioning Organization: Contact Person: Tel: Fax: E-mail:
3. Present Activities of Organization:	
4. Nature of Problems: (List briefly main topics / scope of work which the consultant is required to undertake. Use additional page, if necessary).	
5. Objectives / outputs: Expected results may be specified.	
6. Work Plan: Indicate manner in which services are to be undertaken, (Seminars/Training Courses/ Lectures / Laboratory Work / Research & Development / Practical demonstration etc). Use additional sheets, if necessary.	
7. Duration of Assignment (i) Period in weeks: _____ (ii) Preferred Dates: From _____ To _____	8. Any other information

Requisitioning Authority

Signature: _____

Name: _____

Seal: _____

Head of Organization / Institution

Date: _____

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DD Development

DR. Jitkhar Ah.